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ANNUAL REPORT

**ONTARIO
MINISTRY OF
HEALTH**

*Working
to meet the
challenges
of today and
tomorrow*

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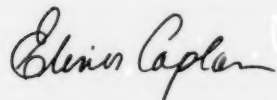
Cette publication est également disponible en français.

To His Honour
The Lieutenant-Governor
of the Province of Ontario

May it please Your Honour:

It is my pleasure to submit the
sixty-third annual report of the Ministry of
Health for the twelve-month period ending
March 31, 1988, and the report of the Ontario
Health Insurance Plan, as required under the
Ministry of Health Act and the Health
Insurance Act respectively.

Respectfully submitted,

A handwritten signature in cursive script, reading "Elinor Caplan".

Elinor Caplan
Minister

MESSAGE FROM THE MINISTER



Health care traditionally has been associated with institutions, and with the doctors and nurses who care for the sick and injured. In Ontario, we have developed a health care system second to none in the world in providing acute care for those requiring treatment. Ontarians are quite rightly proud of the universally accessible, high quality care provided in this province.

At the same time, we recognize that our health care system must evolve to meet the challenges we face today and tomorrow.

We all agree that good health is one of our most valuable assets. More and more, health is seen to be not just the absence of disease, but a resource for everyday living. As the World Health Organization (WHO) notes, health "is a positive concept emphasizing social and personal resources, as well as physical capacity."

Health care is not simply the treatment of illness: it is also a way of life, encompassing employment opportunities, environmental factors and everyday lifestyle choices. Government, business, labor, community groups and individuals all have an important role in ensuring good health.

This comprehensive definition of health and its implications for health care have

been welcomed by our government. In the last year, the Ministry of Health received three landmark reports which clearly reflect changing attitudes toward health:

- Toward a Shared Direction for Health in Ontario, the Report of the Ontario Health Review Panel, chaired by Dr. John Evans, suggests new strategic directions to build on our existing strengths;

- Health For All Ontario, the Report of the Panel on Health Goals for Ontario, chaired by Dr. Robert Spasoff, outlines general goals to help focus efforts in improving overall health; and

- Health Promotion Matters in Ontario, the Report of the Minister's Advisory Group on Health Promotion, chaired by Steve Podborski, proposes ways to increase health promotion and disease prevention efforts at the community level.

Together, these three reports represent our road-map to the future as we move from an institutional bias to a balanced network of community-based care, and to emphasizing health promotion and disease prevention as essential health care tools.

As we chart our course for change, we must acknowledge that our health care system is well funded. In Ontario, health care accounts for more than one-third of the entire provincial budget or \$11.5 billion for 1987-88. Canada now spends more per

person on health care than any other country with a publicly funded and universally accessible health care system, despite its relatively young population. As our population ages, the pressure for more and more health services will inevitably increase. That is why it is essential to take the initiative now to create a better managed and more manageable health care system.

The establishment of the Premier's Council on Health Strategy demonstrates the government's commitment at the highest level to bring thoughtful, planned and managed change, as well as strategic direction, to move health care into the next decade and beyond. The council, which has adopted the WHO definition of health, is chaired by the premier and includes members from cabinet, business, labor, consumer and community groups.

I am proud of the many initiatives taken over the past year to improve health and health care in the province. Many new addiction services were announced, with emphasis on programs for youth, natives and Northern Ontario residents. In addition, community health centres, which provide comprehensive health services, have been positioned for a major expansion in services.

Legislation is also being introduced to allow the ministry to plan for a network of

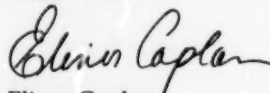
community-based facilities across the province. Tremendous advances in technology have enabled many procedures, traditionally associated with hospitals, to be safely performed in smaller facilities. The Independent Health Facilities Act will allow the ministry, with the advice of district health councils, to determine the proper range and mix of these community facilities.

I also announced the expansion of women's health services and the introduction of women's health centres. The centres offer a range of services, in a sensitive environment, designed specifically to meet the needs of women.

As well, an advisory committee has been established to improve access to health care for Ontario's multicultural groups.

We also initiated new programs to deal with AIDS, which many consider to be the public health challenge of the decade. Our primary weapon in the battle against AIDS is education. We have launched a multi-million dollar education campaign to give people the facts about AIDS and prevent further spread of the disease.

It is a privilege to serve as minister of health during this exciting time of change. We must continue to work together to ensure that future generations of Ontarians will be able to enjoy high quality, accessible health care.



Elinor Caplan
Minister

MESSAGE FROM THE DEPUTY MINISTER



Ontario residents are proud of their health care system, and they care deeply about its future.

With those two thoughts in mind, the ministry's efforts in the 1987-88 fiscal year were directed at maintaining our current level of health care excellence and, at the same time, preparing ourselves for a new decade and a new century.

The government, in creating the Premier's Council on Health

Strategy, signalled its intention to bring change and new direction to health care in Ontario.

As well, the ministry, which will be charged with carrying out many of the strategies emanating from this committee, is undergoing a corporate reorganization to reflect its new responsibilities in the funding and provision of services.

We are realigning under a matrix format which emphasizes our three main areas of responsibility: personal health, community health and institutional health.

In addition, we are appointing co-ordi-

nators of some programs that cross over several ministry management areas. Our first five co-ordinators will be responsible for AIDS, mental health, emergency health services, cardiovascular care and cancer. More co-ordinators will be appointed in the new year.

Health care today has become inextricably linked with economics. We are being challenged to maintain and, where possible, improve the standards of care within the context of economic reality. We regard that challenge as an historic opportunity to position and strengthen health care for decades to come.

To be successful, we must effect positive change which:

- ☐ strives for and achieves productive working relationships with health professionals, hospitals, local interests, and volunteers;
- ☐ establishes a comprehensive mix of quality-assured community-based health facilities, and embeds health promotion and disease prevention at the centre of our health care spectrum;

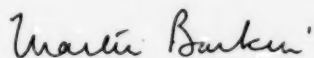
☐ enhances the role of our academic health sciences centres, allowing them to develop further as centres of education and research excellence; and

☐ directs our resources in pursuit of specific health goals, and funds those programs that actually improve people's health.

Obviously, the impact of these changes will grow with time. In the short term, the minister appointed committees of inquiry to examine, in detail, two of the most pressing issues in health care today — the increasing use of medical services, and the government's role in prescribing, dispensing and manufacturing prescription drugs.

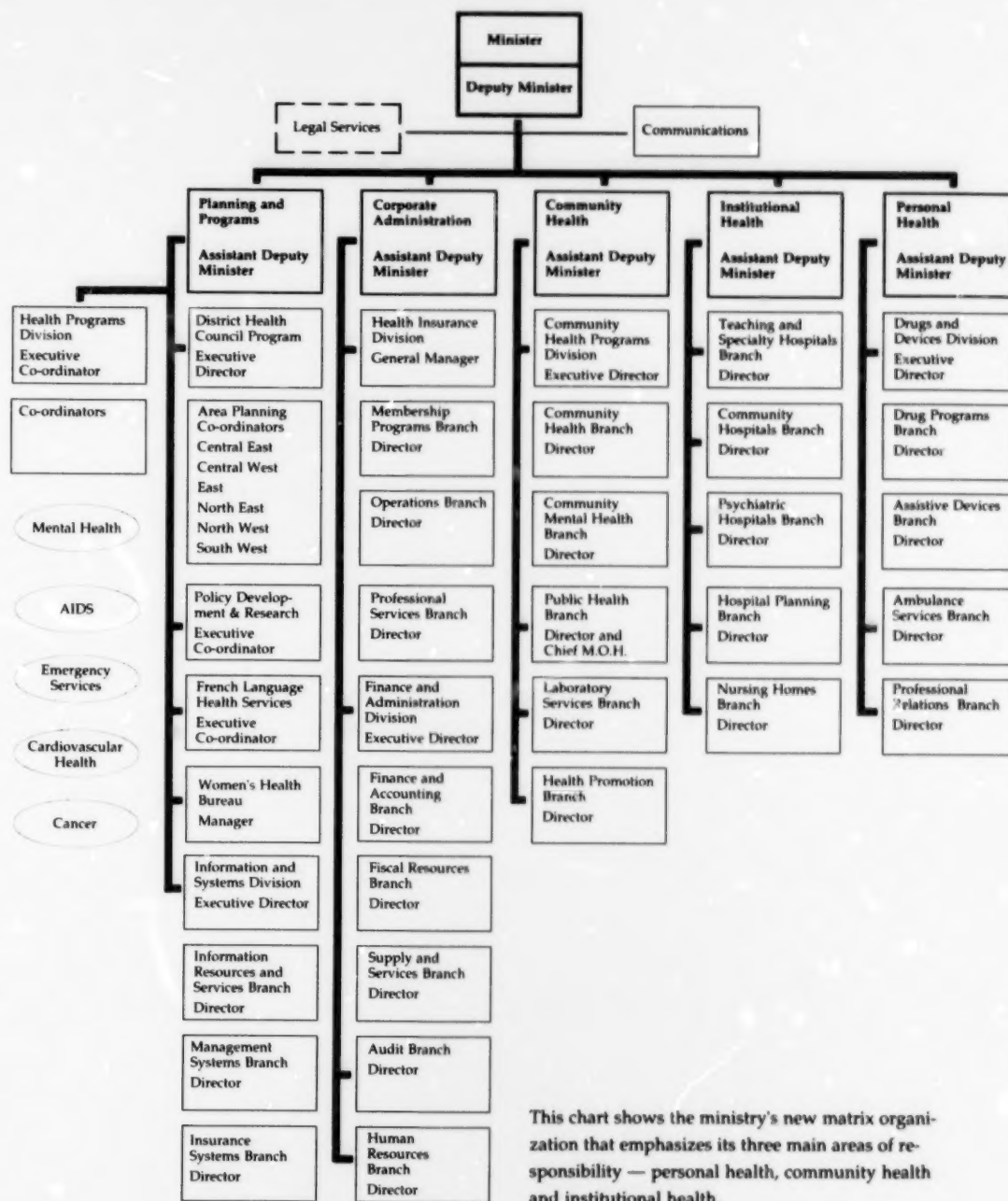
It is essential, as we move into a period of major change, that our resources are used efficiently and effectively. Both action-oriented inquiries are designed to ensure this.

Ontario offers world-class health care. We are proud of what we have accomplished, and we look to the future with confidence.



Martin Barkin
MD, B.Sc. (Med.), MA, FRCS(C)
Deputy Minister

MINISTRY ORGANIZATION CHART July, 1988



MINISTRY ORGANIZATION CHART March, 1988



POLICY, PLANNING AND SYSTEMS

This area develops and co-ordinates plans and policies that affect all ministry programs. It is directly responsible for manpower planning, health disciplines legislation, women's health services and French language health services.

The area works directly with district health councils (volunteer bodies which advise the minister on local health needs) and co-ordinates the analysis of their advice. In addition, it develops and maintains computer and office information systems, and manages a corporate data base to serve in formulating policies and evaluating programs.

HIGHLIGHTS

☒ funded two comprehensive women's health centres at Women's College

Hospital and St. Joseph's Hospital in Toronto

☒ funded the expansion of women's health services at Chedoke-McMaster Hospitals and Henderson General Hospital in Hamilton

☒ sponsored a three-day conference at which 600 health care providers, educators and consumers met to examine current developments and future trends for childbirth practices

☒ funded four hospital-affiliated pilot birthing centres at the Riverside Hospital of Ottawa, The General Hospital of Port Arthur in Thunder Bay, Peel Memorial Hospital in Brampton and The Salvation Army Scarborough Grace General Hospital to evaluate less clinical, family-centred approaches to childbirth

☒ developed a plan to implement the French Language Services Act, which will guarantee government services in French when it goes into effect in November, 1989

☒ expanded incentives in the Underserved Area Program (UAP), which attracts health professionals to remote areas of the province, to provide grants for 114 rehabilitation therapists

☒ placed, under the UAP, 22 general practitioners, 37 specialists, eight dentists, eight physiotherapists and eight chiropodists in Northern Ontario

☒ released for comment the report of the Task Force on the Implementation of Midwifery in Ontario which recommends the implementation of

midwifery as a recognized health profession

☒ worked with the Ministry of Colleges and Universities to increase enrolment in nursing educational programs

☒ provided \$156.9 million to support the clinical education of prospective physicians and allied health professionals

☒ formed, jointly with the Ontario Medical Association, a task force to examine the increasing use and provision of medical services

☒ pledged to establish "hospital in the home" pilot projects

Research Support

☒ provided \$7.3 million to support 127 research projects ranging from a

study of the prevalence of chlamydia to an evaluation of the effects of a new drug on Alzheimer's patients

☒ granted \$3.4 million to support the research, training and development of 64 career scientists, 21 post-doctoral fellows and 21 graduate students

☒ provided \$1.5 million to develop new career scientists in either nursing or rehabilitation research fields

☒ provided annual contributions to the research programs of the Addiction Research Foundation (\$2.9 million), the Heart and Stroke Foundation (\$150,000), the Ontario Cancer Treatment and Research Foundation (\$4 million) and the Mental Health Foundation (\$2.4 million plus a special award of \$480,000)

☒ awarded \$1.3 million to McMaster University in Hamilton and Queen's University, Kingston, to assist with the development of positron emission tomography (PET) imaging facilities for advanced research in clinical neurosciences

Multicultural Health

☒ developed, as part of the government's commitment to multiculturalism, an information kit on multicultural health which was distributed to a wide variety of health care agencies in Ontario

☒ provided funding of \$126,307 to three community health centres to establish special programs for people of Southeast Asian background

EMERGENCY AND SPECIAL HEALTH SERVICES

This area is responsible for emergency health services, drug programs and assistive devices for the disabled.

Emergency health services provides air and land ambulance services across the province, including paramedic programs.

The drug programs branch manages the provision of 2,500 drug products to senior citizens, people on social assistance and others through the Ontario Drug Benefit Program. It also ensures that all Ontarians have access to quality-assured drugs.

The assistive devices branch helps pay the cost of wheelchairs, artificial limbs, hearing aids and other devices for the eligible disabled.

HIGHLIGHTS

Emergency Health

☑ designated 13 hospitals across the province as 'base' hospitals to ensure paramedic and ambulance coordination within their areas

☑ introduced paramedic programs at land ambulance services covering London, Sarnia, Sudbury, Cambridge, Thunder Bay, Niagara Falls and Ottawa; and at air ambulance services based in Sudbury, Buttonville, Thunder Bay, Sioux Lookout and Timmins

☑ established an annual fund of \$400,000 to support research directed at quality assurance, improved patient outcome and increased cost-efficiency in the use of emergency resources

☑ designed, developed and tested a prototype com-

puterized Emergency Patient Information System, which soon will be made available to hospitals, to promote quality assurance and greater efficiency in their emergency departments

☑ transported 4,616 patients by the province's fleet of five air ambulances stationed in Buttonville, Thunder Bay, Timmins, Sioux Lookout and Sudbury; another 8,218 patients were transported by other aircraft on chartered and scheduled flights

☑ developed a new satellite communications system, which will provide a voice link between paramedics flying in remote areas and physicians in medical centres

☑ established a committee of health care specialists to examine the adequacy of critical care in Ontario

☑ allocated \$8.5 million to provide 27 new land ambulance facilities and to increase staffing of ambulance services across the province

☑ introduced new ambulance services in Osgoode, Apsley and Aurora

☑ added 145 new ambulances, complete with the latest design and techno-

logical improvements, to the province's fleet

☑ responded to 1,099,430 land ambulance calls

Drug Programs

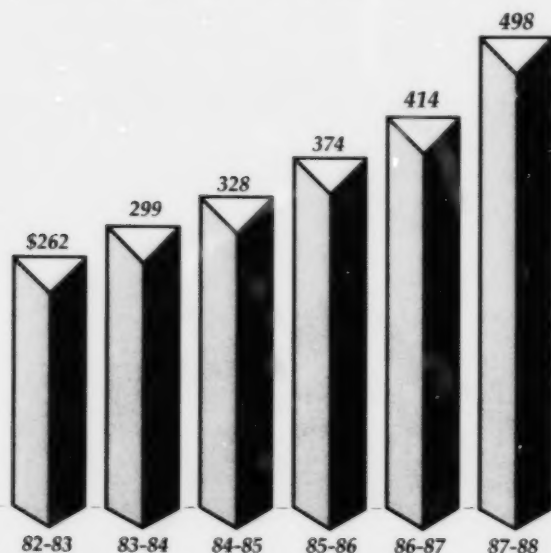
☑ continued to oversee the implementation of major new drug legislation passed in 1986 (the Ontario Drug Benefit Act and the Prescription Drug Cost Regulation Act)

☑ established, by the ministry, a pharmaceutical inquiry, under the chairmanship of Dr. Fred Lowy, to examine all aspects of the government's role and influence in the prescribed drug marketplace

☑ processed 34 million Ontario Drug Benefit Program claims, on behalf of the ministries of Health and Community and Social Services, for a total value of \$592.6 million

GROWTH IN ONTARIO DRUG BENEFITS

Millions of dollars (Constant 87-88 dollars)



Ontario Drug Benefit costs have grown to \$498 million from \$262 million (health) since 1982-83.

Assistive Devices

☑ continued the extension of the program to individuals of all ages by eliminating age restrictions for program-covered ostomy supplies and wheelchairs, related seating systems and other mobility devices, such as special crutches

☑ funded almost 56,000 claims for more than 136,000 purchases of equipment, totalling \$23.6 million

INSTITUTIONAL HEALTH

The institutional area works with the province's 222 public hospitals to maintain and improve Ontario's institutional health care.

That means seeking new ways to promote hospital efficiency; planning and anticipating future institutional health needs; and encouraging alternatives to inpatient care, such as high-quality outpatient and community-based health services.

The area is also responsible for ensuring the standards of care and quality of life at Ontario's 333 nursing homes.

HIGHLIGHTS

Hospital Reviews

☒ commissioned operational reviews of 23 Ontario hospitals to determine the root causes of their repeated deficits

☒ formed a conjoint committee representing the ministry and four health care organizations (the Ontario Medical Association, the Ontario

Council of Administrators of Teaching Hospitals, the Ontario Nurses' Association and the Ontario Hospital Association) to analyze the hospital operational reviews, identify common factors leading to the deficits and recommend corrective action. The reviews will help the ministry clarify hospital funding procedures to ensure they are consistent, fair and understood.

Care for the Elderly

☒ supplied an additional

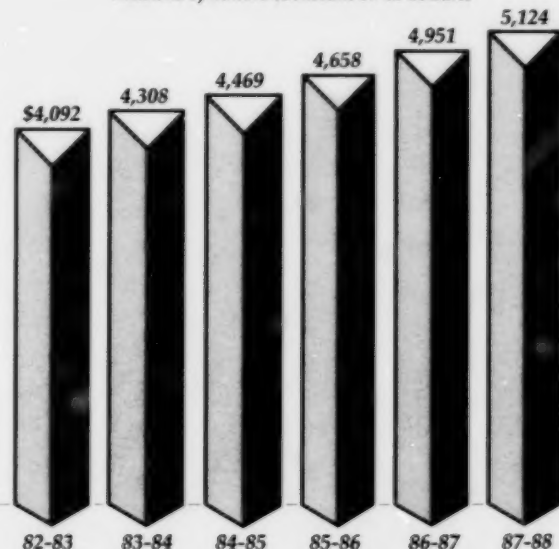
\$49.1 million to enable nursing homes to provide each resident with more than two hours of nursing and personal care per day

☒ provided extra funding of \$8.9 million to enable nursing homes to provide more staff for food handling and to improve meals and menus

☒ provided more than \$1.5 million to enhance geriatric services in Ottawa-Carleton and Hamilton-Wentworth regions

GROWTH IN HOSPITAL COSTS

Millions of dollars (Constant 87-88 dollars)



The cost of the operation of hospitals increased to \$5,124 million in 1987-88 from \$4,092 million in 1982-83.

MENTAL HEALTH

Mental health treatment is provided through a network of provincial psychiatric hospitals, psychiatric units in general hospitals, community mental health programs and associated agencies.

The mental health area operates the province's ten psychiatric hospitals and is responsible for the comprehensive network of community-based care that has emerged in the last two decades.

HIGHLIGHTS

☑ continued to revitalize the Oak Ridge Division of the Penetanguishene Mental Health Centre with the appointment of a new psychiatrist-in-chief, the upgrading of nursing staff, the hiring of additional

nursing staff, the opening of a renovated admission ward and the continued planning of a \$4 million sports and recreation complex, with construction expected to begin in the fall of 1988

☑ installed new information systems at all ten psychiatric hospitals to increase management efficiency

☑ continued detailed planning for the \$81 million Whitby Psychiatric Hospital redevelopment

☑ held information sessions for health professionals on amendments to the Mental Health Act, which gives all mentally competent patients, including involuntary patients, an absolute right to decline treatment

Community Mental Health Programs

☑ announced that funding would be doubled over the next three years to expand community mental health services across the province, especially in Northern Ontario

☑ announced doubling of funding for addiction services over the next three years

☑ funded 320 community-based programs at a total annual cost of more than \$85 million

☑ funded 145 community addiction programs, ranging from assessment referral to residential treatment and follow-up care, at an annual cost of \$35.6 million

COMMUNITY HEALTH

Community Health funds non-institutional health programs such as home care, as well as those provided by the province's 43 public health units, health service organizations, community health centres and placement co-ordination services.

The public health branch monitors the health of Ontarians and prevents and controls the spread of disease. It does this, in part, through financial assistance to public health units, which conduct local programs, and by developing programs of its own.

Health units offer programs in such areas as family health, nutrition, dentistry, immunization, inspection of public facilities and communicable disease control.

Health service organizations (HSOs) and community health centres (CHCs) are growing alternatives to traditional fee-for-service medical practices. In an HSO, doctors are paid a capitated monthly amount

to provide health care to roster members. In a CHC, salaried health care professionals, including physicians, offer specific target populations improved access to health care.

The laboratory services branch operates public health labs throughout Ontario to assist in the diagnosis, prevention and treatment of disease. The branch serves doctors, hospitals, health units and other ministries, and analyses drinking water for the general public. It also issues licences and inspects private medical laboratories to ensure continual high standards.

The health promotion branch helps the government and other organizations encourage and assist Ontario residents to make healthy lifestyle choices.

HIGHLIGHTS AIDS

☒ established an AIDS section within the ministry to co-ordinate ministry-

funded, community-based AIDS education and support programs; monitor and control the spread of the disease in Ontario; and support Ontario's AIDS research efforts

☒ provided funds to local public health units to control and monitor the disease and to assist in the education of the Ontario public about AIDS

☒ funded 16 local groups to provide education and support services for those most affected by HIV (Human Immunodeficiency Virus) infection

☒ operated a toll-free AIDS hotline service — with telecommunication devices for the deaf — out of Toronto and Ottawa to give callers detailed information, in both English and French, about AIDS and its prevention

☒ prepared, jointly with the Ministry of Education, a resource document to be

used for teaching about AIDS in Ontario's school system

☑ granted TV Ontario \$1.2 million to develop and implement training workshops and resource material to assist teachers teaching about AIDS

☑ produced two booklets, "AIDS and HIV Infection: Psycho-social Issues: Information for Professionals" and "Understanding AIDS and HIV Infection:

Information for Hospitals and Health Professionals"

☑ launched a three-year multi-million dollar AIDS awareness campaign

Laboratory Services

☑ performed more than 3.6 million laboratory tests in clinical and environmental microbiology in the investigation of bacterial, viral, parasitic and mycotic diseases and food poisoning outbreaks

☑ commenced HIV testing at the Ottawa public health laboratory to help meet a 300 per cent increase in demand for tests in Ontario

☑ performed 87 per cent more direct tests for chlamydia than in 1986-87 and 50 per cent more tests for the Epstein-Barr virus

☑ conducted 257 inspections of medical laboratories and specimen collection centres to ensure standards of compliance were being observed

CHCs/HSOs/PCSs

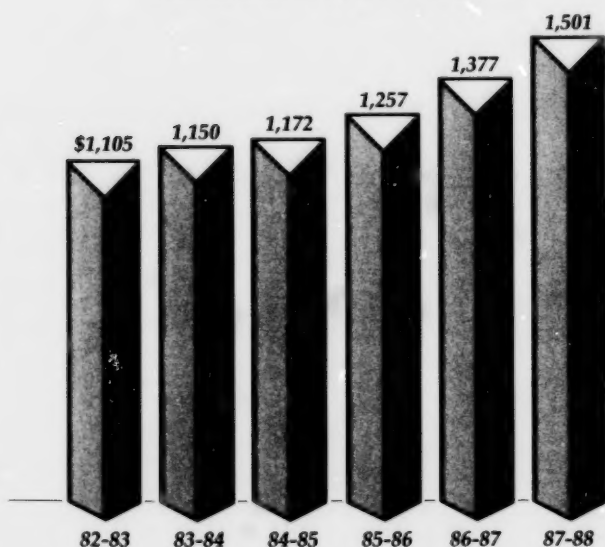
☑ added four new health service organizations (HSOs), bringing their number to 33 across the province

☑ approved \$383,000 for community health centres (CHCs) to provide improved primary care to seniors in a community setting

☑ approved \$424,350 toward a major building

GROWTH IN COMMUNITY, MENTAL AND EMERGENCY HEALTH COSTS

Millions of dollars (Constant 87-88 dollars)



Expenditures in these areas have risen to \$1,501 million from \$1,105 million recorded in 1982-83.

program at York Community Service, a multi-service centre providing health, social, legal and housing services to its community

☑ approved \$388,000 for three new community health centres — two in Ottawa and one in Portland

☑ granted additional capital funding to improve physical facilities and to install microcomputers in all CHCs

☑ established a placement co-ordination service (PCS) in Haldimand-Norfolk region to help seniors get extended care information

Health Promotion

☑ announced \$1.5 million annual funding for a three-year healthy lifestyles campaign to be launched in the fall of 1988

☑ announced a \$1 million annual grants program for community projects that promote healthy lifestyles and improved quality of life

☑ established a smoke-free workplace policy for all ministry facilities

Public Health

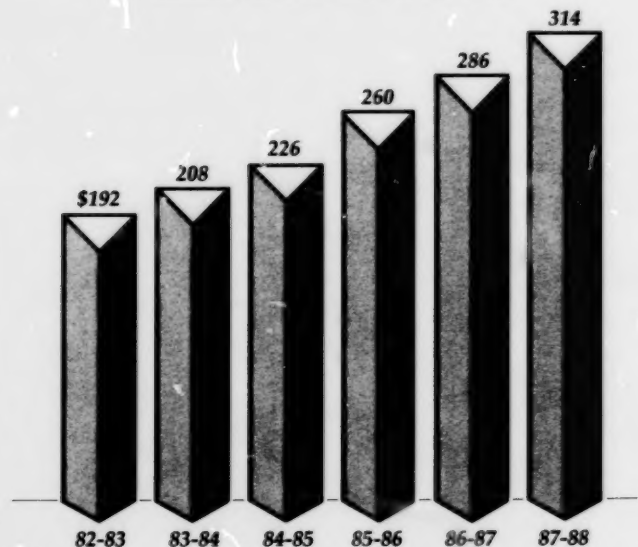
☑ instituted a dental treatment program for elementary school children whose families can't afford necessary dental care

☑ provided \$17 million for immunization programs

☑ participated in several studies to assess the impact on human health of chemicals in the environment

GROWTH IN LABORATORY COSTS

Millions of dollars (Constant 87-88 dollars)



OHIP payments to commercial laboratories have climbed to \$314 million from \$192 million recorded in 1982-83.

ADMINISTRATION, FINANCE AND HEALTH INSURANCE

This area provides support services to all parts of the ministry and administers OHIP, the Ontario Health Insurance Plan.

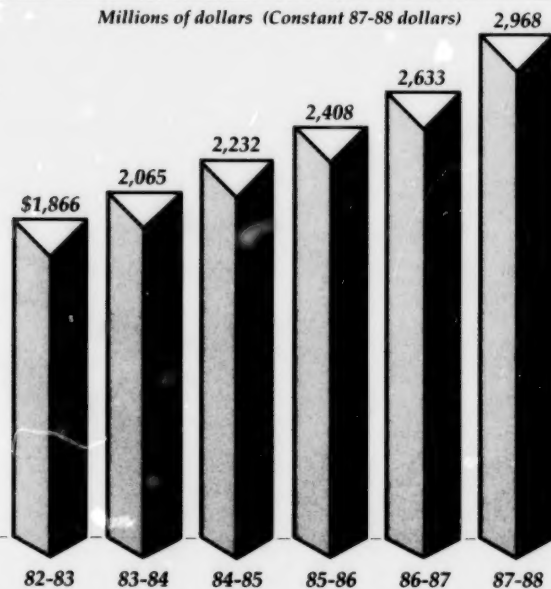
In its support role, the division provides financial services, arranges accommodation, ensures equal employment opportunities and purchases supplies ranging from ambulances to rabies vaccine. It also sells pharmaceutical and medical supplies to government and health care clients. As well, it helps the ministry manage its expen-

ditures which amount to more than \$1 million an hour.

OHIP enrolls residents, reimburses health care professionals for services rendered, collects OHIP premiums, provides premium assistance for those with low incomes and administers the Ontario Northern Health Travel Grant Program. The program helps Northern Ontarians pay travel costs for specialized medical services not available locally.

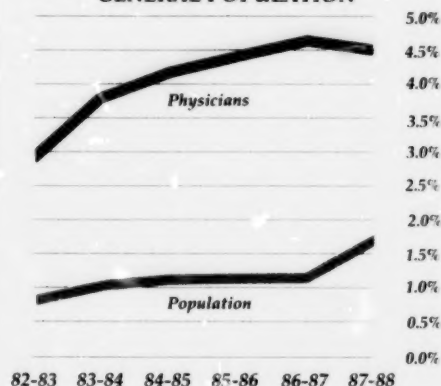
GROWTH IN PHYSICIAN COSTS

Millions of dollars (Constant 87-88 dollars)



The cost of physician services has climbed to \$2,968 million from \$1,866 million in the last five years.

GROWTH IN PHYSICIAN AND GENERAL POPULATION



The number of licenced physicians billing OHIP has grown at a higher percentage rate than the province's general population during each of the past five years.

HIGHLIGHTS OHIP

☒ processed 93 million OHIP claims totalling \$3.6 billion

☒ issued 53,000 northern travel grants totalling \$8.6 million

☒ developed a counter-top card and poster in nine different languages for physicians' offices, hospitals and health clinics, advising people to keep their OHIP coverage current

STATEMENT OF REVENUE AND EXPENDITURE 1987-88

EXPENDITURE

Ministry Administration Program

Main Office	\$ 6,845,352
Financial Services	8,413,269
Supply and Office Services	16,408,967
Personnel Services	4,691,069
Information Services	6,936,473
Analysis and Planning	389,240
Legal Services	1,065,583
Audit Services	1,786,590
Research	28,243,575
Systems Development Services	25,063,098
District Health Councils	9,882,787
Lieutenant Governor's Board of Review	1,028,006

Total **\$110,754,009**

Institutional Health Program

Program Administration	\$ 982,655
Hospitals and Related Facilities	5,675,489,705
Nursing Home Services	350,202,788

Total **\$ 6,026,675,148**

Emergency and Special Health Services Program

Program Administration	\$ 343,736
Emergency Health Services	176,765,041
Assistive Devices	25,925,931
Drug Benefits	501,364,681

Total **\$ 704,399,389**

Mental Health Program

Program Administration	\$ 4,346,165
Psychiatric Services	318,711,055
Community Mental Health	211,279,827

Total **\$ 534,337,047**

Community Health Program

Program Administration	\$ 1,827,852
Community Health Services	266,648,210
Public Health	160,941,098
Laboratory Services	30,330,142

Total **\$ 459,747,302**

Health Insurance Program

\$ 3,693,496,846

Total Expenditure

\$ 11,529,409,741

REVENUE

Government of Canada Contributions	\$ 16,283,962
Ontario Health Insurance Plan Premiums	1,722,904,070
Loans to Public Hospitals	8,102,121
Miscellaneous	88,485,459

Total Revenue

\$ 1,835,775,612

SUMMARY OF OHIP ACTIVITIES *April 1, 1987 to March 31, 1988*

ENROLMENT *

Category of Enrolment	Certificates	%	Participants	%
Single	2,202,632	(45.5)	2,202,632	(23.9)
Family	2,643,163	(54.5)	7,031,368	(76.1)
Total	4,845,795	(100)	9,234,000	(100)

Type of Enrolment	Certificates	%	Participants	%
Full Premium Payment Accounts:				
Group (such as employer)	2,387,023	(49.3)	5,303,561	(57.4)
Pay Direct (paid by individual)	533,717	(11.0)	1,057,210	(11.5)
Assisted or Exempted Accounts:				
Partial OHIP Assistance	7,460	(0.2)	11,826	(0.1)
Full OHIP Assistance	320,903	(6.6)	462,494	(5.0)
Temporary OHIP Assistance	103,935	(2.1)	169,391	(1.8)
Department of Veteran Affairs	20,731	(0.4)	38,289	(0.4)
Municipal Welfare	116,630	(2.4)	183,755	(2.0)
Provincial Welfare	188,385	(3.9)	349,898	(3.8)
Premium Exemption (65 and over)	1,167,011	(24.1)	1,657,576	(18.0)
Total	4,845,795	(100)	9,234,000	(100)

CLAIMS PAYMENTS DISTRIBUTION

Service	Cost of Claims	% of Total
Medical	\$3,355,870,827	(92.5)
Dental	7,252,088	(0.2)
Optometric	62,828,804	(1.7)
Chiropractic	70,135,480	(1.9)
Osteopathic	263,307	(—)
Chiropody	5,784,430	(0.2)
Physiotherapy	23,011,155	(0.6)
Out-of-Province Hospital	103,041,345	(2.9)
Total	\$3,628,187,436	(100)

MODE OF PAYMENT **

Service	Physician %	Subscriber %
Medical	98.4	1.6
Dental	98.4	1.6
Optometric	99.9	0.1
Chiropractic	98.8	1.2
Osteopathic	98.0	2.0
Chiropody	95.4	4.6
Physiotherapy	100.0	—
Out-of-Province Hospital	98.5	1.5

REVENUE

Net premium revenue **\$1,722,904,070**

* Based on the average number of certificates and participants during 1987-88.

** Based on claims paid to physicians and to subscribers.

ONTARIO DRUG BENEFIT PROGRAM *April 1, 1987 to March 31, 1988*

EXPENDITURES

Ministry of Health	\$497,600,000
Ministry of Community and Social Services	95,000,000
Total	\$592,600,000

ELIGIBLE PERSONS

Group	Eligible Persons	Actual Recipients
OAS (Over 65)	1,043,000	964,800
Home Care	21,670	21,670
General Welfare	192,710	192,710
Family Benefits	323,421	323,421
Other (Institutional Care)	13,851	13,851
Totals	1,594,652	1,516,452

CLAIMS PAID

Number of Regular Claims	32,256,304
Number of Special Claims	1,890,462
Total Number of Claims	34,146,766

AVERAGE PRICE PAID

Fee-for-Service Claim	\$ 16.49
Dispensing Fee	5.86
Drug Cost	10.63

MAJOR MINISTRY EXPENDITURES 1987-88 Actuals (Millions of dollars)

